

Author: "Milton Bell" <mbell@csdmail.medcom.amedd.army.mil> at internet-mail  
Date: 1/5/99 7:54 AM  
Priority: Normal  
TO: newlist at Internet-Mail  
BCC: MAJ Michael Griffin at MEDCOM2\_FSHTX  
Subject: ADMINISTRATIVE GUIDANCE TO ARMY TATTOO POLICY IN ACCORDANCE

RAAUZYUW RUEADWD0081 0060149-UUUU--RUERSHA.

ZNR UUUUU ZYW ZOC ZEO T ALL US ARMY REPS AND ACTIVITIES

R 310609Z DEC 98

FM DA WASHINGTON DC//DAPE-HR-PR//

TO ALARACT

BT

UNCLAS ALARACT 139/98

SUBJECT: ADMINISTRATIVE GUIDANCE TO ARMY TATTOO POLICY IN ACCORDANCE WITH  
AR 670-1

1. REFERENCES: A. MESSAGE DATED 051606Z JUN 98, DAPE-HR-PR,  
SUBJECT: WEAR AND APPEARANCE OF ARMY UNIFORMS AND INSIGNIA, AR 670-1. B.  
MESSAGE DATED 071812Z AUG 98, DAPE-HR-PR, SUBJECT: WEAR AND APPEARANCE OF  
ARMY UNIFORMS AND INSIGNIA, AR 670-1.

2. ABOVE REFERENCES OUTLINE THE ARMY TATTOO POLICY. SINCE ITS RELEASE,  
WE HAVE RECEIVED NUMEROUS QUESTIONS AND CONCERNS REGARDING THE INTENT AND  
IMPLEMENTATION OF THE POLICY. THE INTENT OF THIS MESSAGE IS TO CLARIFY  
ISSUES RECENTLY RAISED. WE RECOGNIZE THERE ARE STILL ISSUES TO BE  
RESOLVED. WE WILL CONTINUE WORKING TO CLARIFY THE TATTOO POLICY BASED ON  
INFORMATION GATHERED FROM CONCERNS IN THE FIELD.

3. THE ARMY POLICY REGARDING TATTOOS DOES NOT HAVE A GRANDFATHER CLAUSE;  
IT APPLIES TO ALL SOLDIERS. SOLDIERS ARE NOT AUTHORIZED TO COVER TATTOOS  
OR BRANDS IN AN ATTEMPT TO BE IN COMPLIANCE WITH ARMY POLICY.

A. EXAMPLES OF THE TYPES OF TATTOOS OR BRANDS THAT MAY BE  
IN VIOLATION OF THIS POLICY ARE THOSE THAT:

(1) SHOW AN ALLIANCE WITH "EXTREMIST" ORGANIZATIONS.

(2) ARE INDECENT (I.E., THOSE WHICH: ARE GROSSLY OFFENSIVE  
TO MODESTY, DECENCY, OR PROPRIETY; SHOCK THE MORAL SENSE BECAUSE OF  
THEIR VULGAR, FILTHY, OR DISGUSTING NATURE; TEND TO INCITE LUSTFUL  
THOUGHT; OR TEND REASONABLY TO CORRUPT MORALS OR INCITE LIBIDINOUS  
THOUGHTS).

(3) ARE UNREASONABLY LARGE OR EXCESSIVE IN NUMBER, I.E., A SERIES  
OF TATTOOS THAT COVER THE MAJORITY OF ONE OR MORE LIMBS.

B. UNDER MOST CIRCUMSTANCES, SMALL, INCONSPICUOUS, OR INOFFENSIVE  
TATTOOS OR BRANDS ON AREAS OF THE BODY OTHER THAN THE FACE, NECK OR HEAD  
(I.E., ANKLE OR HAND) ARE NOT PROHIBITED.

C. THE TATTOO POLICY ESTABLISHED TWO CONDITIONS FOR PROHIBITION OF  
TATTOOS IN CLASS A UNIFORM:

(1) THAT A TATTOO IS VISIBLE, AND

(2) THAT IT DETRACTS FROM A SOLDIERLY APPEARANCE. THE PRESENCE OF  
THE FIRST CONDITION, BY ITSELF, DOES NOT CONSTITUTE A VIOLATION OF THE  
TATTOO POLICY.

4. THE MEDICAL COMMAND IS PREPARED TO ASSIST IN REMOVING THOSE TATTOOS OR

BRANDS THAT DO NOT COMPLY WITH THIS POLICY. THE MEDICAL COMMAND WILL REMOVE SUCH TATTOOS OR BRANDS WHEN THE SOLDIER REQUESTS ASSISTANCE IN REMOVAL AND THE SOLDIER IS COMMAND-REFERRED. HOWEVER, AFTER THE DATE OF THIS MESSAGE, THE ARMY MAY ELECT NOT TO PROVIDE THIS SERVICE FOR ANY SOLDIER WHO VOLUNTARILY HAS A TATTOO OR BRAND APPLIED WHICH IS IN VIOLATION OF THIS POLICY. TATTOO REMOVAL FREQUENTLY REQUIRES FIVE TO EIGHT TREATMENT SESSIONS WITH FOUR TO SIX WEEKS BETWEEN SESSIONS. THUS, COMPLETE REMOVAL OF A TATTOO CAN TAKE SEVERAL MONTHS. THESE VARIABLES, COMBINED WITH A POTENTIALLY LARGE INITIAL NUMBER OF SOLDIERS REFERRED FOR TATTOO REMOVAL, REQUIRE COMMANDERS' PATIENCE IN COMPLETING IMPLEMENTATION OF THIS POLICY.

5. COMMANDERS MAY ENCOUNTER CIRCUMSTANCES IN WHICH SOLDIERS REFUSE TO HAVE A TATTOO OR BRAND REMOVED. THE FOLLOWING GUIDANCE APPLIES AND SHOULD BE CONSIDERED:

A. ENSURE THAT THE SOLDIER UNDERSTANDS THE POLICY.

B. ENSURE THE SOLDIER HAS THE OPPORTUNITY TO SEEK MEDICAL ADVICE ABOUT THE PROCESS OF REMOVING A TATTOO OR BRAND AND ASSOCIATED RISKS.

C. COUNSEL THE SOLDIER IN WRITING THAT HE OR SHE IS NOT IN COMPLIANCE WITH ARMY POLICY. THE COUNSELING FORM WILL STATE THAT THE SOLDIER'S DECISION NOT TO HAVE THE TATTOO OR BRAND REMOVED COULD RESULT IN ADVERSE ADMINISTRATIVE ACTION, TO INCLUDE DISCHARGE FROM THE ARMY.

D. COMMANDERS SHOULD NOT ORDER SOLDIERS TO REMOVE TATTOOS OR BRANDS.

6. WE MUST ENSURE SOLDIERS ARE NOT SUBJECT TO ABUSE OR HARASSMENT BECAUSE OF VARIOUS INTERPRETATIONS OF THE REVISED POLICY. EVERY ATTEMPT WILL BE MADE IN THE REVISION OF AR 670-1 TO PROVIDE A CLEARER AND MORE CONCISE POLICY. HOWEVER, THERE WILL ALWAYS BE CASES THAT ARE NOT SPECIFICALLY COVERED BY THE POLICY, AND IN THOSE CASES, COMMANDERS WILL HAVE TO MAKE THE APPROPRIATE JUDGMENT CALL. IN THOSE DIFFICULT CASES OR THOSE CASES WHERE THERE IS A QUESTION OF ENFORCEMENT IT IS RECOMMENDED THIS DECISION BE REVIEWED BY THE SPECIAL COURT-MARTIAL CONVENING AUTHORITY AFTER CONSULTATION WITH REPRESENTATIVES OF THE SERVICING OFFICE OF THE STAFF JUDGE ADVOCATE.

7. LEADERS NEED TO ENSURE ALL SOLDIERS KNOW THE INTENT OF THE TATTOO POLICY AND WHAT ACTIONS MAY BE TAKEN IN SUPPORT OF THE POLICY.

8. POC, MSG WYLIE, DSN 225-6361.

9. EXPIRATION CANNOT BE DETERMINED.

BT

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DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

0 6 JUN 1999

MCHO-CL-C (40)


MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Policy and Instructions for Tattoo Removal

1. We are forwarding the enclosed Memorandum of Instruction (MOI), subject as above, for your information and action (Enclosure 1). This information extends the guidance provided in memorandum, Headquarters, U.S. Army Medical Command (HQ MEDCOM), MCHO-CL-C, 3 Nov 98, subject: Guidance for Tattoo Removal.
2. Enclosure 1 to Enclosure 1 is a sample Memorandum of Agreement and Enclosure 2 to Enclosure 1 is a sample referral form. Use of these enclosures is explained in the MOI. Enclosure 2 is an information paper for soldiers and commanders on tattoo removal using laser technology.
3. Our point of contact is COL Carroll, Office of the Assistant Chief of Staff for Health Policy and Services, HQ MEDCOM, DSN 471-6616 or Commercial (210) 221-6616.

FOR THE COMMANDER:

2 Encls  
as

  
KEVIN C. KILEY  
Brigadier General, MC  
Deputy Chief of Staff for  
Operations, Health Policy  
and Services

CR:  
Commander, 18th MEDCOM, APO AP 96205



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS, U.S. ARMY MEDICAL COMMAND**  
**2050 WORTH ROAD**  
**FORT SAM HOUSTON, TEXAS 78234-6000**

REPLY TO  
ATTENTION OF

MCHO-CL-C (40)

09 JUN 1999

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Memorandum of Instruction Pertaining to Policy and Instructions for Tattoo Removal

1. Military treatment facilities (MTFs) will provide tattoo removal to ensure compliance with Army Regulation (AR) 670-1, Wear and Appearance of Military Uniforms and Insignia, and message, HQDA (DAPE-HR-PR), 310609Z Dec 98, subject: Administrative Guidance to Army Tattoo Policy in Accordance with AR 670-1.

2. Each MTF will establish a Memorandum of Agreement (MOA), Enclosure 1, with the installation commander detailing the policies and procedures that will be used in implementing this program.

3. The completion of a MOA and implementation of this policy will begin 1 July 1999. Each MTF will begin evaluating all soldiers referred by their commander for tattoo removal. At Enclosure 2 is a sample referral form for local implementation. This screening process will continue until 31 August 1999. Upon completion of the screening process, the Regional Medical Command (RMC) must submit a report (EXCEL spreadsheet format) with the following information for each MTF to this headquarters, ATTN: MCHO-CL-C, not later than 15 September 1999.

- a. Name of MTF.
- b. Number of soldiers evaluated.
- c. Number of treatments required.

4. Demand at each installation, as determined from the total number of estimated treatments, will determine the treatment option to be used by that MTF. Determination of method of removal will be made in conjunction with the MTF's Regional Medical Command. Options include:


MCHO-CI-C

SUBJECT: Memorandum of Instruction Pertaining to Policy and Instructions for Tattoo Removal

- a. At the local MTF with a purchased or leased laser machine.
  - b. Referral to another MTF with laser capability.
  - c. Referral to a civilian provider.
5. Medical treatment facilities already having treatment programs in place should continue these programs. Other MTFs should begin treatment programs after consultation with their RMC.
6. Appropriate privileging actions will be accomplished at the local MTF prior to beginning tattoo removal.
7. Tattoo removal will not be performed in Korea.

FOR THE COMMANDER:

2 Encls  
as

  
KEVIN C. KILEY  
Brigadier General, MC  
Deputy Chief of Staff for  
Operations, Health Policy  
and Services

MEMORANDUM OF AGREEMENT  
BETWEEN  
NAME of MTF  
NAME OF INSTALLATION

SUBJECT: Tattoo Removal

1. Purpose. This Memorandum of Agreement outlines the responsibilities of the parties involved in the removal of tattoos not in compliance with references 2a and 2b, below.

2. References.

a. AR 670-1, Wear and Appearance of Military Uniforms and Insignia.

b. Message, HQDA (DAPE-HR-PR), 310609Z Dec 98, subject: Administrative Guidance to Army Tattoo Policy in Accordance with AR 670-1.

3. Responsibilities.

a. Commanders will:

(1) Refer soldiers for tattoo removal to (name of MTF).

(2) Ensure that referrals will be made only for those tattoos that meet the requirements of references in paragraph 2a and 2b above.

(3) Utilize the local enclosed (name of MTF) Form (number) for referral that includes:

(a) The location of the tattoo.

(b) A description of the tattoo.

(c) Portion of tattoo to be treated.

(d) The reason for removal of the tattoo.

SUBJECT: Tattoo Removal

(e) Sufficient time remains in the soldier's enlistment to complete the removal process.

(f) There are no pending or potentially pending actions that would prevent the soldier from remaining in the military for the time required to complete the removal process.

(g) The soldier has been advised of his/her rights under the Uniform Code of Military Justice.

b. (Name of MTF) will:

(1) Name a point of contact to evaluate all soldiers referred for tattoo removal. The evaluation will include:

(a) Determining if soldier is a candidate for laser treatment.

(b) The estimated number of treatments required.

(c) Discuss side effects and complication of laser treatment.

(d) The time required to complete the treatments.

(e) The probable outcome of the removal.

(f) The potential for quarters and/or restricted duty following each treatment.

(g) Photos of the tattoo (both before and after treatment).

(2) Return a treatment plan that includes the items in paragraph 3b(1)(a) through (g) as well as the date for the first treatment to the soldier's commander. The evaluating physician will discuss any concern with the validity of the referral directly with the commander.

SUBJECT: Tattoo Removal

4. Effective Date: This Agreement becomes effective upon signature of both parties and will remain in force until it is modified mutually or terminated by either party. Either party may terminate this Agreement by providing 90 days written notice of its intention to terminate to the other party.

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MTF Commander

xxxxxxx, xx

xxxxxxx, xxxxxxxxxxxx

(date)

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Installation Commander

xxxxxxx, xx

xxxxxxx, xxxxxxxxxxxx

(date)

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**COMMANDER'S TATTOO REMOVAL REFERRAL FORM**

<b>NAME</b>		<b>RANK</b>	<b>SSN</b>
<b>UNIT</b>		<b>ETS</b>	
<b>TATTOO LOCATION</b>			
<b>TATTOO DESCRIPTION</b>			
<b>PORTION OF TATTOO TO BE REMOVED</b>			
<b>REASON FOR REMOVAL</b>	<input type="checkbox"/> Prejudicial to good order <input type="checkbox"/> Visible in Class A Uniform/Objectionable <input type="checkbox"/> Visible on head, neck or face		
There are no pending or potentially pending actions, which would prevent this soldier from remaining in the military for the time required to complete the treatment process. This soldier has been advised of his rights under Uniform Code of Military Justice and has agreed to the tattoo removal if medically cleared.			
<b>COMMANDER</b>		<b>SIGNATURE</b>	<b>DATE</b>

**SAMPLE**

*Encl 2*

## INFORMATION PAPER

SUBJECT: Tattoo Removal Using Laser Technology

1. PURPOSE. To provide information to commanders and soldiers on tattoo removal using laser technology.

2. FACTS.

a. Army policy directs that tattoos that will be removed when a commander deems they are prejudicial to good order, visible on the head, neck or face, or visible while wearing the Class A green uniform and are offensive/prejudicial to good order. The U.S. Army Medical Command (MEDCOM) has been tasked to perform these treatments for active duty Army service members when the service member's commander directs such removal.

b. The MEDCOM has determined that the use of laser technology is the current standard of care for tattoo treatment.

c. Current technology permits partial removal of most tattoo inks with a low risk of significant scarring. Unwanted pigmentary changes and textural changes of the skin are not uncommon, especially when the number of treatments required is at the higher end of the spectrum. The newest lasers can significantly lighten or remove many tattoos, especially blue and black colored inks. However, even after complete "removal" of the tattoo, the overlying skin may not appear entirely normal.

d. The laser removes tattoo ink using the energy of light. A medical laser is a device, which can generate one or more specific wavelengths of light. Tattoo ink is removed by using a specific laser wavelength of light that passes through the skin but is absorbed by the ink in the tattoo. Rapid absorption of this light energy by the ink causes it to become unstable and breakdown. This allows it to be removed by the body's natural immune defense systems.

e. Research has defined which wavelengths of light are most effective for the removal of various colors of tattoo ink as well as the most effective method of delivering the laser treatments. Laser light passes through the patient's outer layers of skin, and is absorbed directly by the tattoo ink. The light is delivered in very short, high-energy bursts for maximum ink destruction. This results in minimal damage to the skin and maximum destruction of the tattoo ink and its subsequent removal from the body.

f. Frequently Asked Questions (FAQ).

Q: Is laser treatment for removal of tattoos painful.

A: The impact of the light energy on the skin is similar to being snapped by a small rubber band or being splashed by a speck of hot grease. For some tattoos and, anesthesia may be required.

*Shelley A. [illegible]*

Q: How many treatments will it take to remove the tattoo?

A: The number of treatments depends on the amount and color of ink used in the tattoo and the depth of the tattoo under the skin. Professional tattoos can require from 6 to 30 treatment sessions while amateur tattoos require three to four sessions. Each session is normally scheduled 8 weeks apart.

Q: Do all colors of ink disappear equally as well?

A: No, dark blue or black ink fades the best. Red, orange and purple are less responsive to treatment. Greens and yellow inks are the most resistant to therapy and the most difficult to remove completely. Newer pigments, including pastels, flesh tones and whites may actually darken after laser treatment and be very resistant to removal.

Q: Will the tattoo disappear completely?

A: In some cases, yes. Treatment results in fading of the tattoo inks to a greater or lesser degree. However, there are over 100 different tattoo inks in use today throughout the world and each tattoo is applied in a different manner depending on the tattoo artist. Not knowing either the depth of the tattoo or the type of ink utilized makes it impossible for a physician to predict the percentage of removal that will be accomplished for any given tattoo.

Q: What type of care is required after treatment?

A: Wound care/dressings may be needed for 5 to 7 days which may require a temporary profile. Rarely there will be some pinpoint bleeding and crusting over the area of the skin that was treated. An antibacterial ointment and gauze dressing are all that is required for this type of reaction. The treated area should be kept clean and you should continue application of any ointment given to you by your health care provider. A shower can be taken the next day; however, the treated area should not be scrubbed.

Q: Besides those mentioned above are there any other side effects associated with laser surgery?

A: Complications can include unwanted pigment and textural changes, scarring or infection of the treated part of the skin. However, severe scarring is rare.

COL CARROLL/MCHO-CL-C/DSN 471-6616



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD  
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO  
ATTENTION OF

03 NOV 1988

MCHO-CL-C (40)

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Guidance for Tattoo Removal

1. Army Medical Department medical treatment facilities (MTFs) will remove tattoos that do not meet the standards of Army Regulation 670-1, Wear and Appearance of Military Uniforms, when documented by the soldier's commander. Unit commanders are responsible for identifying those soldiers requiring tattoo removal. The number of soldiers meeting this requirement is expected to be low.
2. Medical treatment facilities will remove tattoos with assigned assets, consistent with current standard of practice for tattoo removal. This will require laser removal in almost all cases. Tattoo removal under this memorandum will have the highest priority. Other elective cases will be handled on a case by case basis.
3. If the local MTF does not have the capability to perform laser tattoo removal, the Regional Medical Command (RMC) will assist in developing other options:
  - a. Referrals to other facilities within the RMC.
  - b. Leasing mobile equipment and supplying qualified providers on TDY basis.
  - c. Local referral under supplemental care.
4. Our point of contact is COL Miller, Office of the Assistant Chief of Staff for Health Policy and Services, DSN 471-6616 or Commercial (210) 221-6616.

FOR THE COMMANDER:

A handwritten signature in black ink, appearing to read "Kevin C. Kiley".

KEVIN C. KILEY  
Brigadier General, MC  
Deputy Chief of Staff for  
Operations, Health Policy and  
Services

MCHO-C1-C

SUBJECT: Continuation of a Distribution Listing

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22204-1382

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Avenue SW, Fort McPherson, GA 30330-1062

Commander, U.S. Army Reserve Command, ATTN: AFRC-MO,  
1401 Deschler Street SW, Fort McPherson, GA 30330

Commander, ARPERSCOM, ATTN: ARPC-HS, 1 Reserve Way,  
St Louis, MO 63132-5200

Commander, HHC USACAPOC (TPU), ATTN: Medical Services Section,  
Building E-2535, Fort Bragg, NC 28307-5200

Commander, 18th MEDCOM, Unit 15281, APO AP 96205-0054